

Stop Payment Request for Recurring Visa Transaction(s)

Cardholder Name _____

Checking Account # _____ Last four digits of Visa Debit Card number _____

Merchant Name _____

City _____ State _____ Country _____

Last transaction date _____ Transaction amount _____

Cancellation Type Cancel a one-time payment authorization. Date of next expected payment _____ Cancel **all** future recurring payments

Service fee of \$30.00 will be charged to checking account.

Please place a stop payment on a one-time payment authorization or all future recurring payments as selected above. I understand that this request will be effective after one payment has already paid from my account. I understand that this request will cease to be effective six months from the date shown below unless it is previously canceled or renewed in writing by me. I understand that this form has to be completed and received no more than (14) days from my initial oral request to stop payment. I understand that this request does not void any agreement or contract held between the merchant and me. I understand that Xceed Financial Federal Credit Union ("Xceed") cannot identify and therefore attempt to Stop Payment if the merchant name is different from the name as shown above. By directing Xceed to stop payment, I agree to hold Xceed harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of Xceed having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received no less than three (3) business days prior to the expected Date to give Xceed reasonable time to act on it. Xceed's liability shall not in any event exceed the amount of the payment. I agree to reimburse Xceed Financial Federal Credit Union for any loss it sustains in honoring this request. The Stop Payment will not be process if the Service Fee is not available in my account. The Service Fee is non-refundable.

I further depose and say that the transaction described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date_____
Member Signature**Please return signed and completed form to:**Xceed Financial Credit Union
Attn: Card Operations
888 North Nash Street
El Segundo, CA 90245-2819**OR**

Fax the form to 310.322.8961.

FOR CREDIT UNION USE ONLY

Submitted by: _____ Financial Center # _____ Date _____

Processed by: _____ Date _____

Audited by: _____ Date _____